



**TENNESSEE BUREAU OF WORKERS' COMPENSATION**

**220 French Landing Dr., 1B**

**Nashville, Tennessee 37243-1002**

Website: [www.tn.gov/workforce/section/injuries-at-work](http://www.tn.gov/workforce/section/injuries-at-work)

**CASE MANAGEMENT NOTIFICATION**

**EMPLOYEE INFORMATION**

State File # \_\_\_\_\_ Date of Injury \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Claimant \_\_\_\_\_

**EMPLOYER INFORMATION**

FEIN: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INSURER INFORMATION**

Insurer: \_\_\_\_\_  
 Insurer Address: \_\_\_\_\_  
 Insurer Claim #: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**CASE MANAGEMENT ELECTION**

\_\_\_\_\_ Proof of notification has been provided to employee that employer has elected to use Case Management.

**PROVIDER INFORMATION**

Case Management Provider \_\_\_\_\_ I.D. # \_\_\_\_\_  
 Case Management Provider Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CASE MANAGER INFORMATION**

Case	Management	Provider	Phone	#
Date	Case	Manager	received	referral

Date Face to Face Meeting took place between CM and Employee

Case Manager \_\_\_\_\_ TN CM Registration # \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_